



DOWNTOWN ROCHESTER INTEGRATED TRANSIT STUDIES

PUBLIC CONVERSATION SESSION #1

TUESDAY, JANUARY 24, 2017

4:00-8:00 P.M.

Name _____

Email _____

Please check all that apply to you:

___ ***Resident*** ___ ***Business Owner*** ___ ***Employee*** ___ ***Patient*** ___ ***Visitor***

The following questions are optional. This information will help the project team understand who attended tonight's event and identify where additional outreach may be needed. All information collected will remain confidential.

Age _____ ***Zip Code*** _____ ***Race/Ethnicity*** _____

Please provide your thoughts on Downtown Rochester

1. Transit

2. Pedestrian/bicycle access

3. Streets

4. Parking
